

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

**09/913329**

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	
1	1						51					
2	1						52					
3	1						53					
4	1						54					
5		31					55					
6		13					56					
7		31					57					
8		13					58					
9		31					59					
10		3					60					
11		31					61					
12		13					62					
13		31					63					
14	1						64					
15		1					65					
16		1					66					
17	1						67					
18	1						68					
19		31					69					
20		13					70					
21		31					71					
22		13					72					
23		31					73					
24		13					74					
25		31					75					
26		13					76					
27		31					77					
28		1					78					
29	1						79					
30		1					80					
31		1					81					
32		1					82					
33		1					83					
34		1					84					
35		1					85					
36		1					86					
37		1					87					
38		1					88					
39							89					
40							90					
41							91					
42							92					
43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
TOTAL IND.	8						TOTAL IND.					
TOTAL DEP.	30						TOTAL DEP.					
TOTAL CLAIMS	38						TOTAL CLAIMS					

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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